
DELAWARE HEALTH CARE DELIVERY AND COST ADVISORY GROUP



ADVISORY GROUP MEETING #4
JUNE 6, 2018

AGENDA

Topic	Time
1. Welcome (Secretary Walker)	1:00 pm – 1:05 pm
2. Quality Benchmarks (Michael Bailit)	1:05 pm – 1:30 pm
3. Variation in Cost, Utilization, Quality and Patient Experience (Michael Bailit)	1:30 pm – 2:50 pm
4. Break	2:50 pm – 3:00 pm
5. Follow-up Items from Prior Meeting (Michael Bailit)	3:00 pm – 3:30 pm
6. Draft Advisory Group Report (Michael Bailit)	3:30 pm – 3:45 pm
7. Public Comment (Interested Parties)	3:45 pm – 3:55 pm
8. Wrap-up, Appreciation and Next Steps (Secretary Walker)	3:55 pm – 4:00 pm



QUALITY BENCHMARKS

QUALITY BENCHMARKS

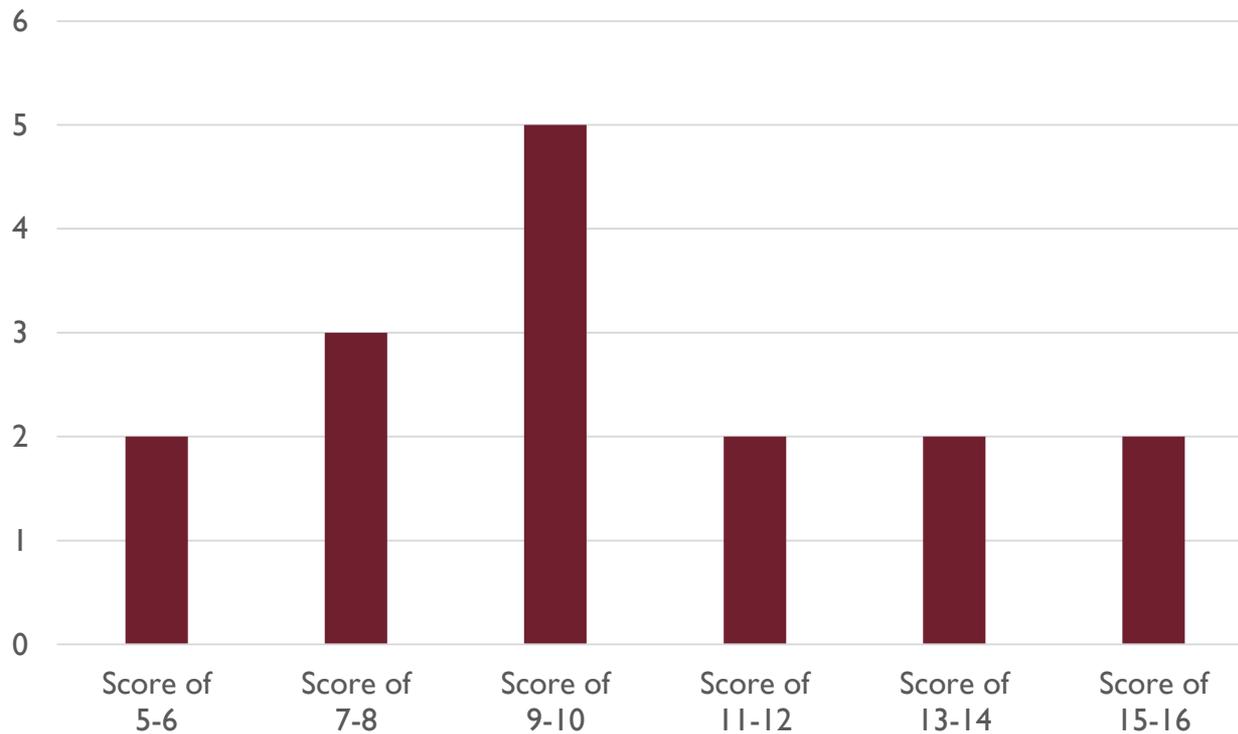
- At the May 22 meeting, members of the Advisory Group provided suggestions on which measures should potentially be used for defining the quality benchmarks.
- Advisory Group staff assessed each of the candidate measures for which one or more Advisory Group members expressed interest during that meeting using the Advisory group's endorsed measure selection criteria.
 - For each measure selection criterion, each measure could receive:
 - 2 points if it met the criterion
 - 1 point if it somewhat met the criterion
 - 0 points if the measure did not meet the criterion
 - A single measure could receive no more than 16 points (eight criteria * two maximum points/criterion).

QUALITY BENCHMARKS (CONT'D)

- The following slides display the results from that scoring exercise. In instances in which the Advisory Group voiced support for a measure concept but not a specific measure, NCQA proposed a measure (e.g., prevention composites). For more detail, on the scoring methodology please see the corresponding meeting handout.
- Please consider the measures and associated scoring results to answer the following:
 - Do you wish to identify certain measures as high priority candidates for use as the 2-5 quality benchmarks?

ASSESSMENT OF CANDIDATE QUALITY BENCHMARK MEASURES ALIGNMENT WITH SELECTION CRITERIA

Distribution of Measures by Score



ASSESSMENT OF CANDIDATE QUALITY BENCHMARK MEASURES ALIGNMENT WITH SELECTION CRITERIA (CONT'D)

Measures with a score of 10 or greater (10)

Measure Name	Total Score
Prevention Composite: Adults <ul style="list-style-type: none"> • Cervical Cancer Screening • Breast Cancer Screening • Colorectal Cancer Screening 	16
Cervical Cancer Screening	16
Prevention Composite: Children <ul style="list-style-type: none"> • Childhood Immunization Status • Immunizations for Adolescents 	14
Adult BMI Assessment	13
Screening for Clinical Depression and Follow-up Plan	12
Fluoride Varnish Application for Pediatric Patients	11
Ambulatory Care-Sensitive Condition (ACSC) ED Visits – ED Utilization	10
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (BMI Percentile)	10
Asthma Medication Ratio	10
Medication Management for People with Asthma	10

ASSESSMENT OF CANDIDATE QUALITY BENCHMARK MEASURES ALIGNMENT WITH SELECTION CRITERIA (CONT'D)

Measures with a score of less than 10 (6)

Measure Name	Total Score
ACSC Admissions - Hospitalization for Potentially Preventable Complications	9
ACSC ED Visits - Follow-up After ED Visit for People with High-Risk Multiple Chronic Conditions	8
Access to Care Composite from CAHPS 5.0H Health Plan Survey – Getting Needed Care	8
Access to Care Composite from CAHPS 5.0H Health Plan Survey – Getting Care Quickly	7
Use of Opioids from Multiple Providers	6
12 Month-ending Percentage of Total Deaths due to Drug Overdose, by Jurisdiction	6



VARIATION IN HEALTH CARE COST, UTILIZATION, QUALITY AND PATIENT EXPERIENCE

ANALYZING AND REPORTING ON VARIATION

- Governor John Carney's Executive Order tasks the Advisory Group with “[advising] the Secretary regarding proposed methods for analyzing and reporting on variations in health care delivery and costs in Delaware.”
- Variation in health care quality, cost, utilization and patient experience has been reported in multiple ways, including:
 - By geography (e.g., county, Hospital Service Area)
 - By provider (e.g., hospital, medical group):
 - Episode of care (e.g., hip / knee replacement)
 - Type of service (e.g., magnetic resonance imaging [MRI], colonoscopy)
 - Patient experience element (e.g., access, personal care)
- Many of these examples rely upon claims data, creating a time lag between the service period and the reporting period.
- Some were devised for provider, payer and policymaker use, but others have been designed for consumer use.

EXAMPLES OF VARIATION ANALYSES AND REPORTING

1. **Geographic Variation:**

- Vermont Blueprint for Health
- Minnesota Community Measurement
- Center for Improving Value in Health Care (Colorado)

2. **Provider Variation:**

- Minnesota Community Measurement
- Healthier Washington
- Center for Improving Value in Health Care (Colorado)
- Get Better Maine

GEOGRAPHIC VARIATION EXAMPLES

1. Vermont Blueprint for Health
2. Minnesota Community Measurement
3. Center for Improving Value in Health Care (Colorado)

GEOGRAPHIC VARIATION EXAMPLE: VERMONT BLUEPRINT FOR HEALTH

- The Vermont Blueprint for Health is a state-initiated primary care transformation program. It publishes bi-annual Hospital Service Area (HSA) Profiles of health status, health care utilization and quality, reported separately for adults (age 18+) and children (age 1–17)
- Profiles report at the HSA and statewide average levels on key metrics, including:
 - Expenditures: per capita and by major category of service (e.g., inpatient discharge, ED visit)
 - Resource Use Index (to moderate effects of price variation)
 - Utilization rates (e.g., inpatient discharge, ED visits, advanced imaging).
 - Performance on specific prevention measures (e.g., screenings), many of which align with the state's ACO strategy
- Utilization and expenditure rates are risk-adjusted for demographic and health status differences among the reported populations
- **Data sources:** primarily Vermont's all-payer claims database (APCD), which includes all covered commercial, Medicaid, and Medicare members attributed to Blueprint practices; also the Blueprint clinical data registry, and the annual Behavioral Risk Factor Surveillance Study (BRFSS)

GEOGRAPHIC COST VARIATION EXAMPLE: VERMONT BLUEPRINT FOR HEALTH (CONTINUED)

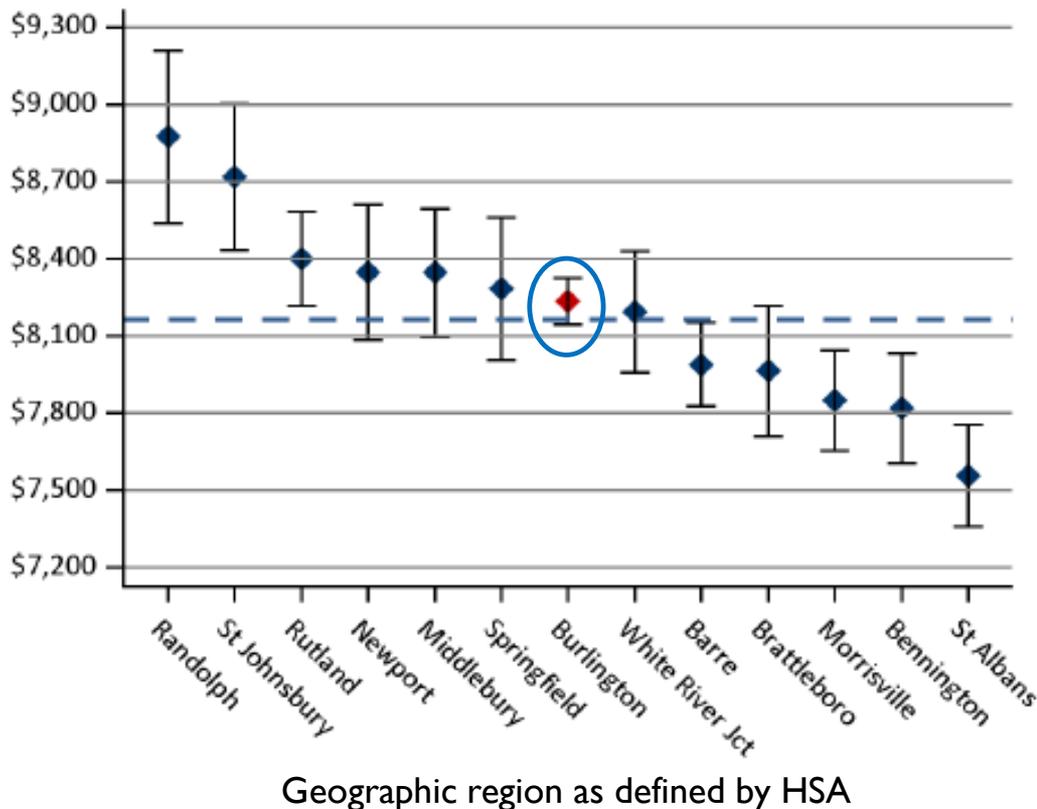
- Additional HSA-specific details about the reported rates are included in each profile, for example:
 - Inpatient total expenditures is broken down by inpatient mental health, maternity, surgical and medical for each HSA in its profile and compared with the state

Measure	HSA			Statewide		
	Rate per Capita	95% LCL	95% UCL	Rate per Capita	95% LCL	95% UCL
Total	\$8,236	\$8,147	\$8,325	\$8,164	\$8,112	\$8,217
Inpatient Total	\$1,433	\$1,383	\$1,483	\$1,472	\$1,442	\$1,501
Inpatient Mental Health	\$105	\$91	\$119	\$94	\$86	\$101
Inpatient Maternity	\$96	\$91	\$101	\$95	\$92	\$98
Inpatient Surgical	\$582	\$548	\$616	\$638	\$616	\$659
Inpatient Medical	\$655	\$624	\$686	\$657	\$640	\$674

- Quality measures that align with the state's ACO strategy are also reported by commercial, Medicare and Medicaid levels as appropriate
- All community profiles are publicly available at:
<http://blueprintforhealth.vermont.gov/community-health-profiles>

GEOGRAPHIC COST VARIATION EXAMPLE: VERMONT BLUEPRINT FOR HEALTH

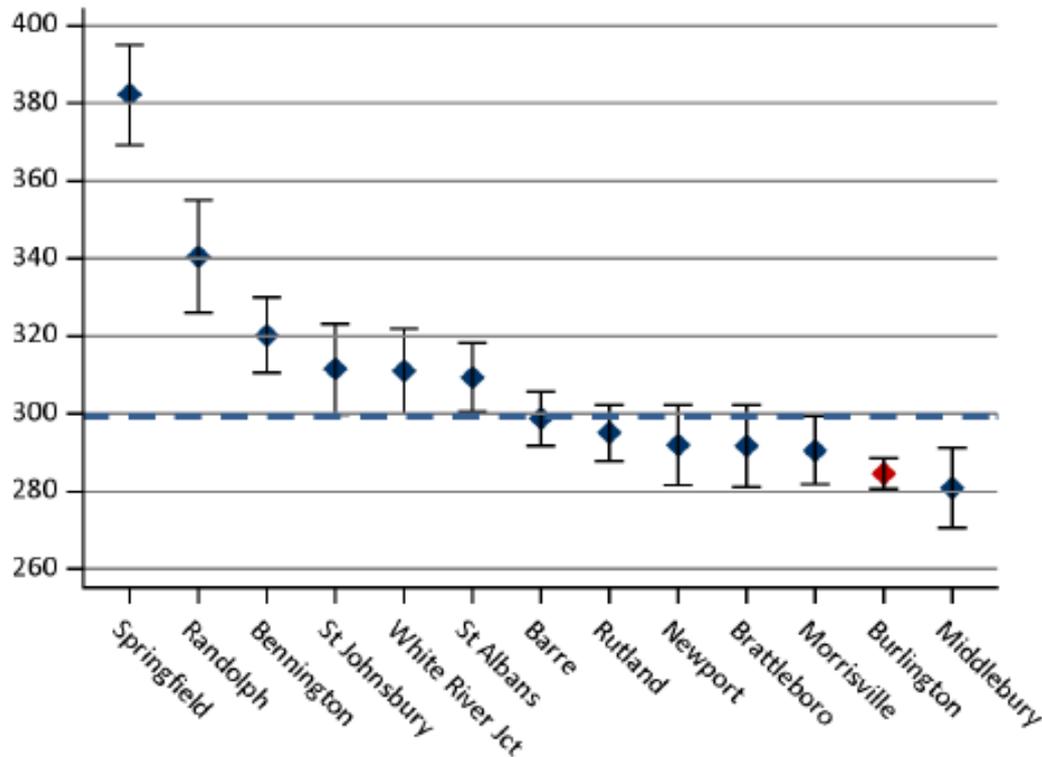
Total Expenditures per Capita



- Annual risk-adjusted rates with 95% confidence intervals
- Expenditures capped statewide for outlier patients at 99th percentile
- Includes plan payments and member out-of-pocket payments (copayments, coinsurance and deductible)
- Blue dashed line represents the statewide average
- Red dot indicates that this is the Burlington HSA profile

GEOGRAPHIC UTILIZATION VARIATION EXAMPLE: VERMONT BLUEPRINT FOR HEALTH

Advanced Imaging (MRIs, CT Scans)

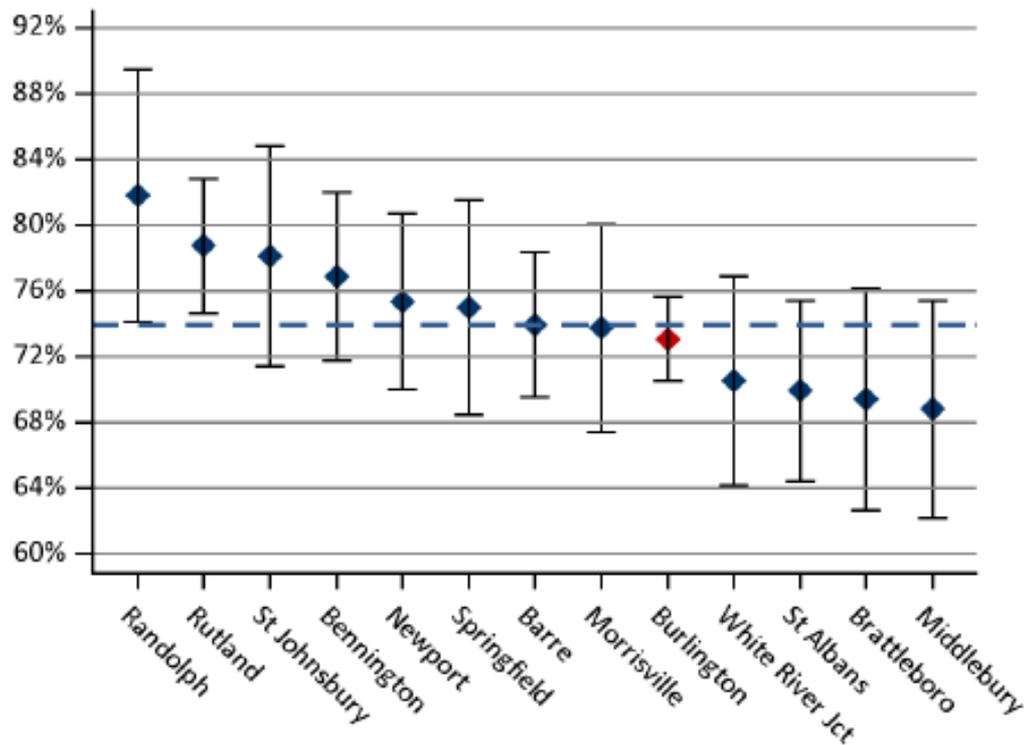


Geographic region as defined by HSA

- Annual risk-adjusted rates, including 95% confidence intervals, of advanced imaging diagnostic tests (i.e., MRIs and computed tomography (CT) scans) per 1,000 members.
- Blue dashed line represents the statewide average

GEOGRAPHIC QUALITY VARIATION EXAMPLE: VERMONT BLUEPRINT FOR HEALTH

Medication Management for People With Asthma



Geographic region as defined by HSA

- Proportion, including 95% confidence intervals, of continuously enrolled members, ages 18–85 years, who were identified as having persistent asthma and were dispensed appropriate asthma controller medications that they remained on for at least 50% of their treatment period
- Blue dashed line represents the statewide average
- This particular measure is part of the quality framework for evaluating quality in Vermont’s All-Payer ACO Model, representing alignment across state health care initiatives (i.e., Blueprint and ACO)

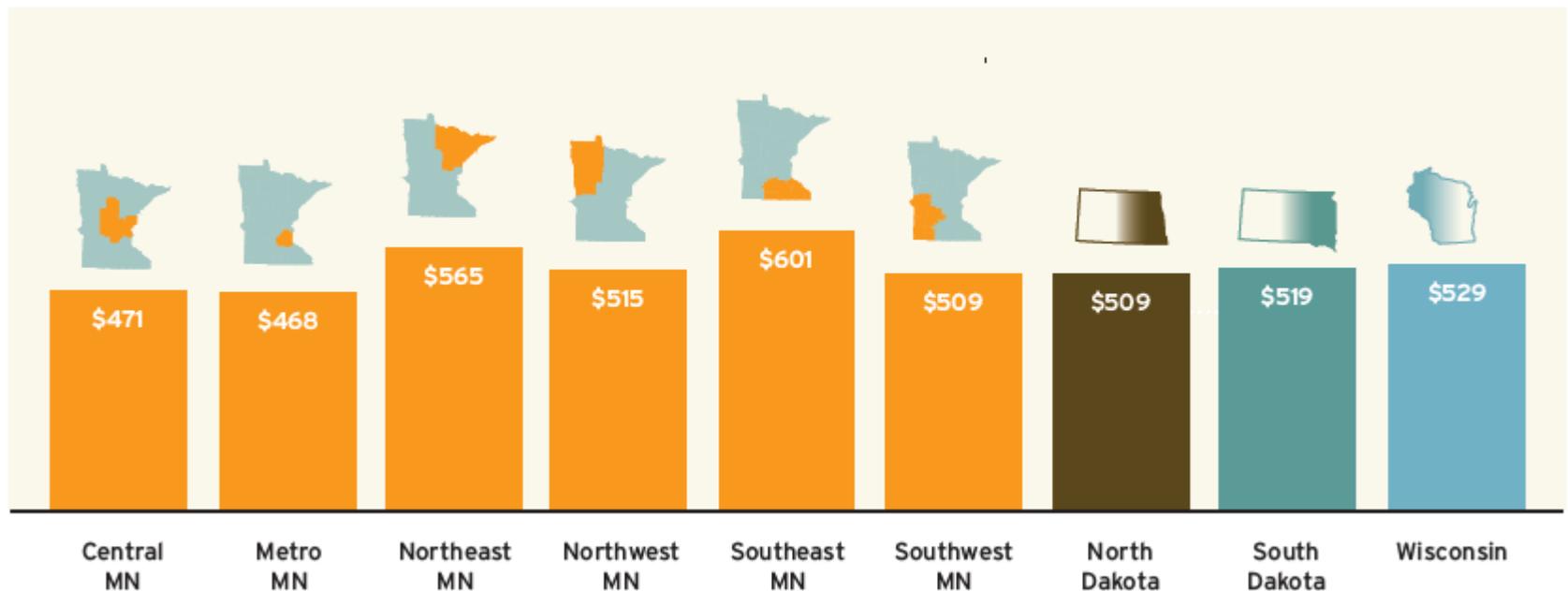
MINNESOTA COMMUNITY MEASUREMENT

- Minnesota Community Measurement is an independent non-profit organization driven to accelerate the improvement of health by publicly reporting health care information
 - Collects, analyzes, evaluates and compares health care quality information from across Minnesota
 - Reports data about the health of populations (e.g., children), health conditions (e.g., diabetes, asthma), procedures (e.g., heart surgery) and site of care (e.g., clinic, hospital) with the goal of driving improvement
- The *2017 Cost and Utilization Report* includes the following cost information:
 - Total cost of care (TCOC), using the Total Cost Index (TCI)
 - Average costs for 118 common medical procedures
 - Resource use and prices as context for understanding variations in cost
 - Statewide, regional and medical group level information
 - Data sources: 1.5+ million commercially-insured patients (individual and employer-sponsored) from four state health plans

GEOGRAPHIC COST VARIATION EXAMPLE: MINNESOTA COMMUNITY MEASUREMENT

- Variation across nine regions in Minnesota and compared to neighboring states
- Methodology for calculating TCOC includes risk-adjustment and outlier truncation

Figure 6: Total Cost of Care by Region, Risk Adjusted per Patient per Month



GEOGRAPHIC SERVICE LEVEL COST VARIATION EXAMPLE: MINNESOTA COMMUNITY MEASUREMENT (CONTINUED)

- Regional variation of procedure costs

Table 2: Average Commercial Cost per Procedure by Region (MN Only)

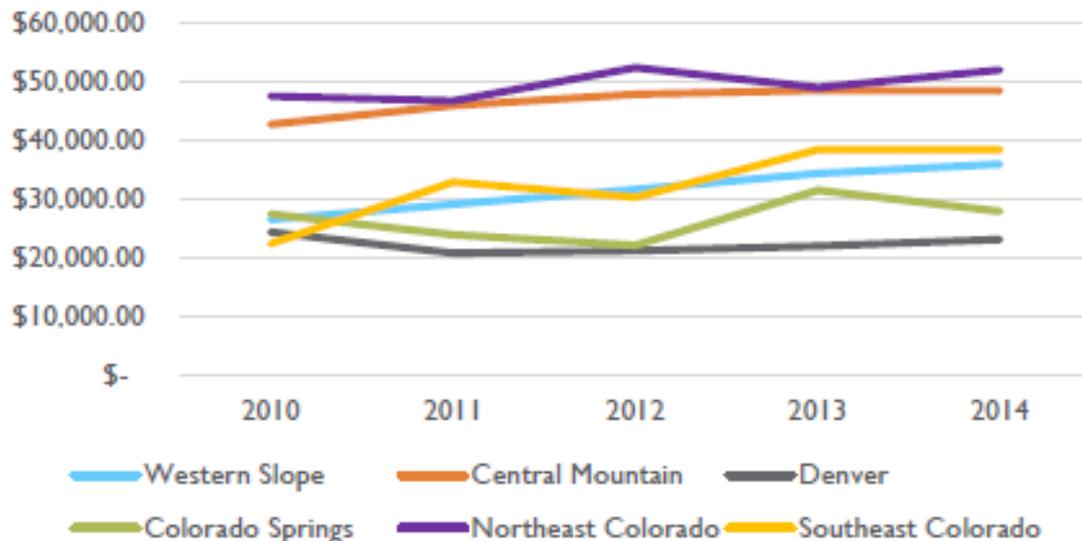
Procedure	Commercial Patients, 2016 Dates of service						2016 Government Fee Schedule (when comparable)	
	 Central	 Metro	 Northeast	 Northwest	 Southeast	 Southwest	Medicare	Medicaid
Chest X-ray (2 views)	\$52	\$57	\$41	\$25	\$117	\$100	\$28	\$20
Complete Blood Count (CBC)	\$13	\$13	\$38	\$20	\$40	\$26	\$9	\$9
Eye Exam new patient	\$191	\$203	\$280	\$205	\$225	\$169	\$150	\$107
Glycated hemoglobin test	\$18	\$20	\$40	\$26	\$60	\$29	\$13	\$13
Office visit, established patient, 15 minutes	\$136	\$146	\$142	\$130	\$136	\$121	\$73	\$57
Office visit, new patient, 20 minutes	\$140	\$157	\$133	\$129	\$160	\$134	\$74	\$58
Pregnancy test, urine	\$10	\$11	\$10	\$15	\$38	\$20	\$9	\$9
Pure Tone hearing test air	\$24	\$25	\$31	\$23	\$30	\$31		\$8
Urinalysis with microscopy	\$6	\$6	\$16	\$9	\$33	\$13	\$4	\$4
Visual Acuity Screen	\$6	\$6	\$10	\$6	\$16	\$10		\$2

CENTER FOR IMPROVING VALUE IN HEALTH CARE (CIVHC)

- CIVHC is a public-private entity created to identify and advance initiatives across Colorado that enhance consumers' health care experiences, contain costs and improve the health of Coloradans by creating an efficient, high-quality and transparent health care system:
 - Brings together consumers, providers, payers, businesses and policymakers to work together to improve value across the entire health care system
 - Appointed administrator of the Colorado All-Payer Claims Database (APCD)
- Using APCD data, CIVHC can:
 - Assist stakeholders to create new payment models (e.g., bundled payments), and
 - Provide analytics to help establish baseline episode costs and quality information
- CIVHC uses PROMETHEUS methodology to identify episodes of care by separating typical episode costs from Potentially Avoidable Costs (PACs) and pinpointing opportunities for savings
- **Data Source:** Colorado's APCD

GEOGRAPHIC EPISODE OF CARE COST VARIATION EXAMPLE: CENTER FOR IMPROVING VALUE IN HEALTH CARE (CIVHC)

Knee Replacement Median Paid Amounts
2010-2014, Commercial Claims, CO APCD



- CIVHC analysis of five-year cost trends within each region also point to annual pricing fluctuation
 - Analysis showed that in some procedures in some regions, prices spike high one year only to drop markedly the following year
 - Other regions appear to be trending downward for some services while upward for others, and some regions appear to have relatively flat paid amounts over time.
- This graph shows the trend in knee replacements

GEOGRAPHIC EPISODE OF CARE COST VARIATION EXAMPLE: CENTER FOR IMPROVING VALUE IN HEALTH CARE (CIVHC)

Figure II. Highest and Lowest Median Paid Amount Regions Compared to CO Statewide Median, CO APCD 2014

Category	Procedure	Highest Paid Region	Amount Above State Median	State Median Paid Amount	Amount Below State Median	Lowest Paid Region
Orthopedic Surgery	Hip Joint Replacement	Northeast	\$36,200	\$24,800	-\$1,700	Denver (HV)
	Knee Joint Replacement	Northeast	\$25,100	\$26,800	-\$3,700	Denver (HV)
	Dorsal/Lumbar Surgery	*Northeast (LV)	\$15,100	\$63,200	-\$5,900	CO Springs
Colonoscopy	Diagnostic Colonoscopy	*Central Mountain (LV)	\$1,200	\$700	-\$200	CO Springs
	Colonoscopy/Biopsy	*Central Mountain (LV)	\$1,400	\$1,100	-\$500	CO Springs
	Colonoscopy w/Lesion	*Central Mountain (LV)	\$2,300	\$900	-\$400	CO Springs
Imaging	CT Head/Brain	*Central Mountain (LV)	\$400	\$800	\$0	Denver (HV)
	CT Abdomen/Pelvis	*Central Mountain (LV)	\$1,000	\$800	-\$100	Southeast CO
	MRI	Western Slope	\$1,400	\$1,100	-\$200	Denver (HV)
	Echo Abdomen	CO Springs	\$100	\$400	-\$100	Central Mountain (LV)

* (LV) Indicates regions with the lowest volume of procedures compared to all other regions analyzed in that time period

** (HV) Indicates regions with the highest volume of procedures compared to all other regions analyzed in that time period

- Median paid amounts include payments by insurer and member
- Demonstrates that cost variation between regions in Colorado is inconsistent and varies by procedure (e.g., Central Mountain region is highest for colonoscopy-related procedures but lowest for Echo Abdomen imaging) – many factors contribute to cost.
- Data source: 2014 commercial claims for high volume procedures and services

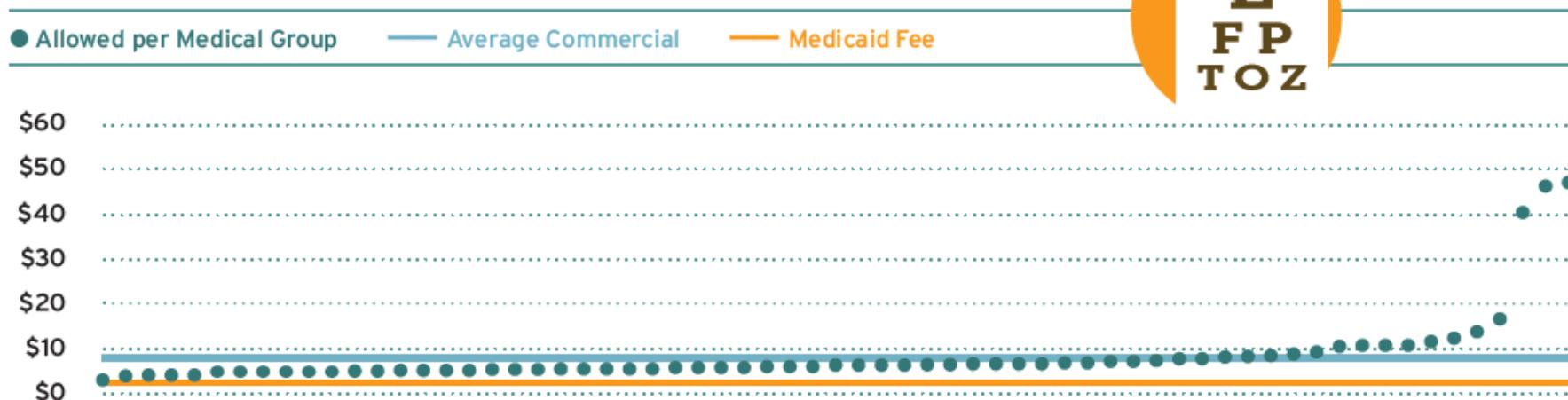
PROVIDER VARIATION EXAMPLES

1. Minnesota Community Measurement Cost and Utilization Report
2. Healthier Washington Community Checkup
3. Center for Improving Value in Health Care (Colorado)
4. Get Better Maine

PROVIDER SERVICE LEVEL COST VARIATION EXAMPLE: MINNESOTA COMMUNITY MEASUREMENT

- Publishes the average cost of 118 common medical procedures by medical group:
 - Each of these individual procedures can be searched by, and compared across 220 unique medical groups
 - Average Cost per Procedure (ACP) is based on actual costs, and includes only professional (physician) claims billed directly from the medical group to participating health plans
- **Data Sources:** Commercially insured patients from MN payers.

Figure 2: Cost Variation in Reading an Eye Chart (Visual Acuity Screen)



PROVIDER SERVICE LEVEL COST VARIATION EXAMPLE: MINNESOTA COMMUNITY MEASUREMENT (CONTINUED)

Table 1: Average Cost per Procedure for 118 Common Procedures

Category	Procedure	Commercial Patients			2016 Government Fee Schedule (when comparable)	
		Minimum	Average	Maximum	Medicare	Medicaid
Eye Care	Determination of Refractive State	\$5	\$33	\$54		\$14
	Eye Exam and Treatment established patient	\$117	\$166	\$293	\$125	\$89
	Eye Exam established patient	\$76	\$125	\$205	\$86	\$61
	Eye Exam new patient	\$110	\$198	\$335	\$150	\$107
	Visual Acuity Screen	\$4	\$6	\$46		\$2
Gastrointestinal Procedures	Colonoscopy ¹	\$354	\$591	\$1,852	\$315	\$224
	Endoscopy with a biopsy ¹	\$233	\$377	\$1,285	\$346	\$246
Imaging	Chest X-ray (2 views)	\$24	\$56	\$232	\$28	\$20
	Knee X-ray (1 or 2 views)	\$24	\$64	\$191	\$31	\$22
	Lower Extremity CT without Contrast	\$385	\$433	\$671	\$183	\$117
	Lower Extremity MRI without Contrast	\$253	\$664	\$3,510	\$241	\$171
	Lumbar Spine MRI without and with Contrast	\$668	\$884	\$3,526	\$385	\$274
	Lumbar Spine MRI without Contrast	\$216	\$863	\$3,569	\$227	\$161
	Screening Mammography digital	\$127	\$249	\$479		\$99
	Spine X-ray (2 views)	\$35	\$80	\$219	\$35	\$25
	Ultrasound of Obstetrical Uterus	\$129	\$277	\$711	\$146	\$113
	Ultrasound Exam Pelvic complete	\$107	\$219	\$651	\$113	\$80
	X-Ray Exam of Ankle	\$26	\$72	\$201	\$32	\$22
	X-Ray Exam of Foot	\$23	\$67	\$197	\$29	\$21
	X-Ray Exam of Shoulder	\$24	\$66	\$252	\$29	\$21
X-Ray Exam of Wrist	\$28	\$81	\$205	\$36	\$25	

PROVIDER SERVICE LEVEL COST VARIATION EXAMPLE: MINNESOTA COMMUNITY MEASUREMENT (CONTINUED)

Average Cost per Procedure for Cardiac Stress Test

Medical Group	Average Commercial Cost	2016 Government Fee Schedule (when comparable)	
		Medicare	Medicaid
Essentia Health West	\$145		
Lakeview Clinic, Ltd.	\$164		
Mankato Clinic	\$168		
State Average	\$201	\$77	\$55
Allina Health Clinics	\$201		
Affiliated Community Medical Centers	\$368		
Mayo Clinic - Rochester	\$534		

- Average cost per procedure is also reported at the medical group level

MN COMMUNITY MEASUREMENT: MNHEALTHSCORES.ORG

- Minnesota Community Measurement also publishes health care cost and quality information on the MNHealthScores.org website
- The site contains information on the quality of care at hospitals and medical clinics, patient experience and costs, including average costs of procedures
- Designed for patients, their families and the public, the site helps them make educated choices about where to obtain care and what care they should expect
- Users can compare providers based on quality, patient experience and cost ratings
- Rates are scored against the state average and the state identifies the “Top” scorers as the top 15 clinics or top 5 medical groups as long as the results are above average

PROVIDER QUALITY VARIATION EXAMPLE: MINNESOTA COMMUNITY MEASUREMENT

- As reported on MNHealthScores.org

	Hennepin County Medical Center (HCMC) Clinics MINNEAPOLIS, MN (0.41 MILES)	Community University Health Care Center MINNEAPOLIS, MN (1.26 MILES)	Fairview Medical Group MINNEAPOLIS, MN (1.55 MILES)
BREAST CANCER SCREENING MORE INFORMATION	BELOW AVERAGE 70 %	BELOW AVERAGE 62 %	ABOVE AVERAGE 82 %
BRONCHITIS MORE INFORMATION	ABOVE AVERAGE 49 %	AVERAGE 46 %	BELOW AVERAGE 29 %
CERVICAL CANCER SCREENING MORE INFORMATION	TOP 91 %	AVERAGE 77 %	ABOVE AVERAGE 85 %
CHLAMYDIA SCREENING MORE INFORMATION	ABOVE AVERAGE 64 %	ABOVE AVERAGE 62 %	ABOVE AVERAGE 60 %
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) MORE INFORMATION	AVERAGE 47 %	NOT REPORTABLE	TOP 50 %

PROVIDER QUALITY VARIATION EXAMPLE: MINNESOTA COMMUNITY MEASUREMENT (CONTINUED)

<input checked="" type="checkbox"/> COMPARE 		 HEALTHSCORE	 RATE
<input type="checkbox"/>	<input type="checkbox"/> Sort	<input type="checkbox"/> Sort	<input type="checkbox"/> High to Low Performer
<input type="checkbox"/>	Sanford Worthington Medical Center WORTHINGTON, MN	 LOWER THAN AVERAGE	-1.73
<input type="checkbox"/>	Regina Hospital HASTINGS, MN	 LOWER THAN AVERAGE	-1.69
<input type="checkbox"/>	Essentia Health - Virginia VIRGINIA, MN	 LOWER THAN AVERAGE	-1.50
<input type="checkbox"/>	District One Hospital FARIBAULT, MN	 LOWER THAN AVERAGE	-1.36

- Hospital-acquired conditions
 - Measure combines results from different measurements into a single rating for the hospital. The rating is converted to a score that compares the hospital to the statewide average
 - Lower rates may signal better quality: “lower than average” (better); “higher than average” (worse); “average (the same)”

PROVIDER PATIENT EXPERIENCE VARIATION EXAMPLE: MINNESOTA COMMUNITY MEASUREMENT (CONTINUED)

	St Luke's Clinics-Hibbing Family Medical Clinic HIBBING, MN	Sanford Health Adrian Clinic ADRIAN, MN	Glenwood Medical Center GLENWOOD, MN
CARE COORDINATION MORE INFORMATION	ABOVE AVERAGE 78 %	TOP 85 %	ABOVE AVERAGE 77 %
COURTEOUS AND HELPFUL OFFICE STAFF MORE INFORMATION	AVERAGE 81 %	ABOVE AVERAGE 90 %	AVERAGE 85 %
GETTING CARE WHEN NEEDED MORE INFORMATION	ABOVE AVERAGE 75 %	TOP 84 %	AVERAGE 70 %
HOW WELL PROVIDERS COMMUNICATE MORE INFORMATION	ABOVE AVERAGE 93 %	NOT REPORTABLE	ABOVE AVERAGE 91 %
PROVIDERS WITH A "MOST POSITIVE" RATING MORE INFORMATION	ABOVE AVERAGE 89 %	ABOVE AVERAGE 88 %	ABOVE AVERAGE 88 %

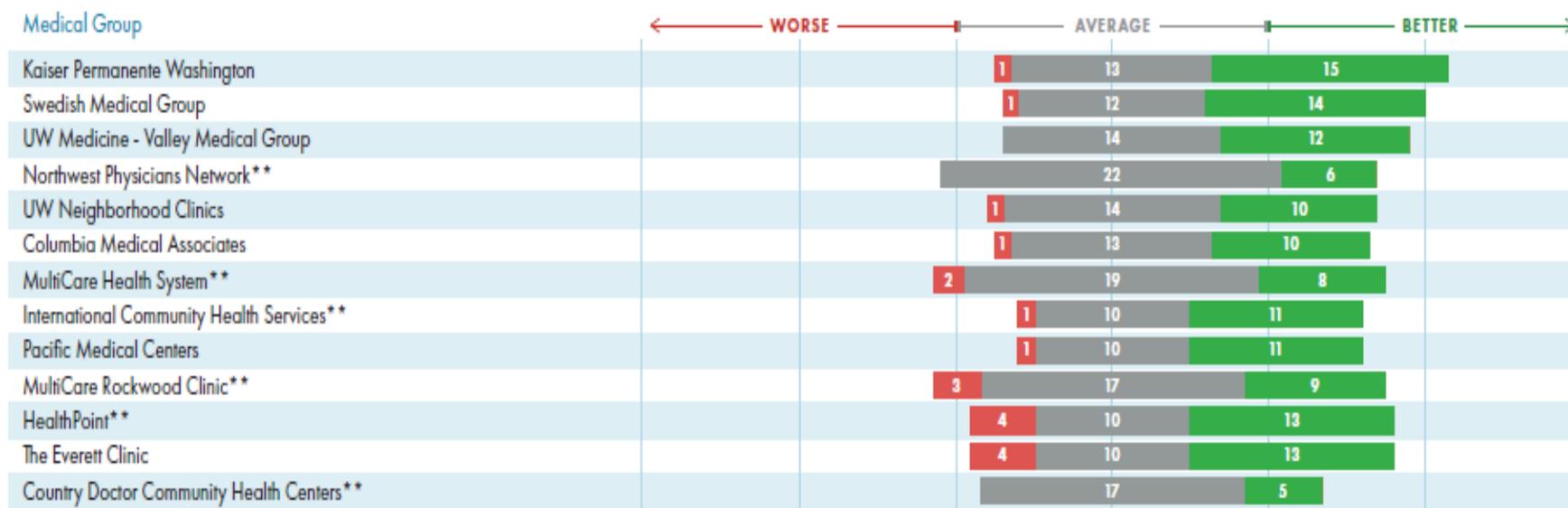
- Results based on patient responses to the Adult Consumer Assessment of Healthcare Providers and Systems Clinician and Group 3.0 survey (CG-CAHPS® 3.0 Survey)
- Results from more than 182,000 patients at 767 clinics reported on MNHealthScores.org

PROVIDER QUALITY VARIATION EXAMPLE: HEALTHIER WASHINGTON COMMUNITY CHECKUP

- The Community Checkup report includes comparable information about the performance of medical groups, hospitals, health plans and Accountable Communities of Health (ACH) on measures of health care quality, patient experience and cost
- Includes results for the State's Common Measure Set for cost and quality. (The 2017 report was the eleventh version)
- Intended to help everyone make more informed decisions and to motivate improvement in health care quality and value
- The 2017 report includes a “call to action” section describing specific steps different stakeholder groups can take to improve the quality of care in Washington
- Data sources: The report relies on claims and encounter data supplied by health plans, self-insured purchasers, union trusts and the Washington Health Care Authority (includes the Medicaid agency and state employee benefits program). Data submitted for the report is de-identified and aggregated for reporting purposes.

PROVIDER QUALITY VARIATION EXAMPLE: HEALTHIER WASHINGTON COMMUNITY CHECKUP (CONTINUED)

Figure 20: Ranking Medical Group Performance for **Medicaid Insured**: Medical Groups That Have Results for 15 or More Measures

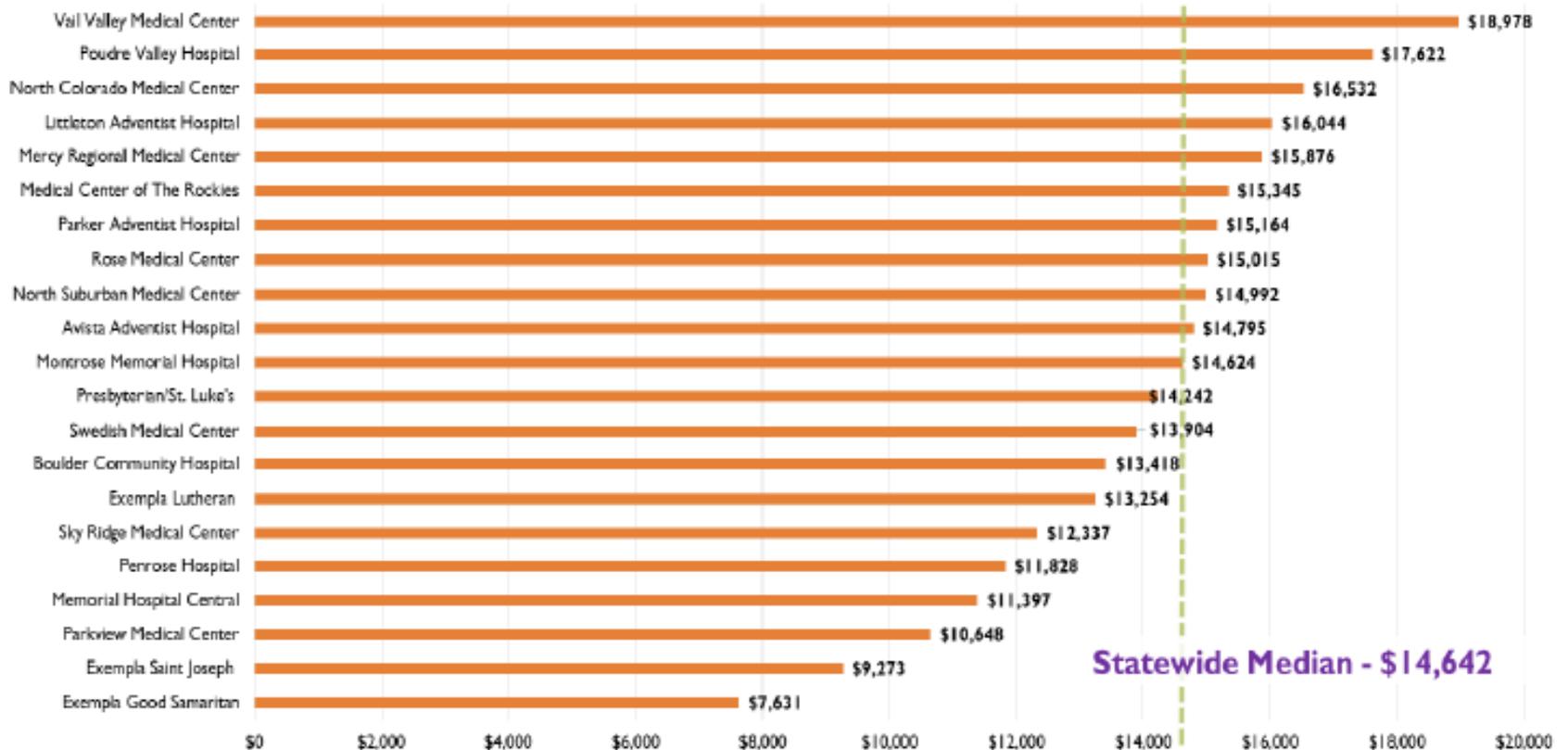


- Only medical groups with five+ publicly reportable measures are included. Separate reports for groups with 15+ reportable measures & between 5 and 14 reportable measures. (Bars represent number of measures reported by medical group.)
- Summary rates based on how each rate compares to the state rate. If a computed confidence interval of the clinic's rate is entirely below the state rate = worse, entirely above the state rate = better, overlaps the state's confidence interval = average.

PROVIDER EPISODE OF CARE COST VARIATION EXAMPLE: CENTER FOR IMPROVING VALUE IN HEALTH CARE (CIVHC)

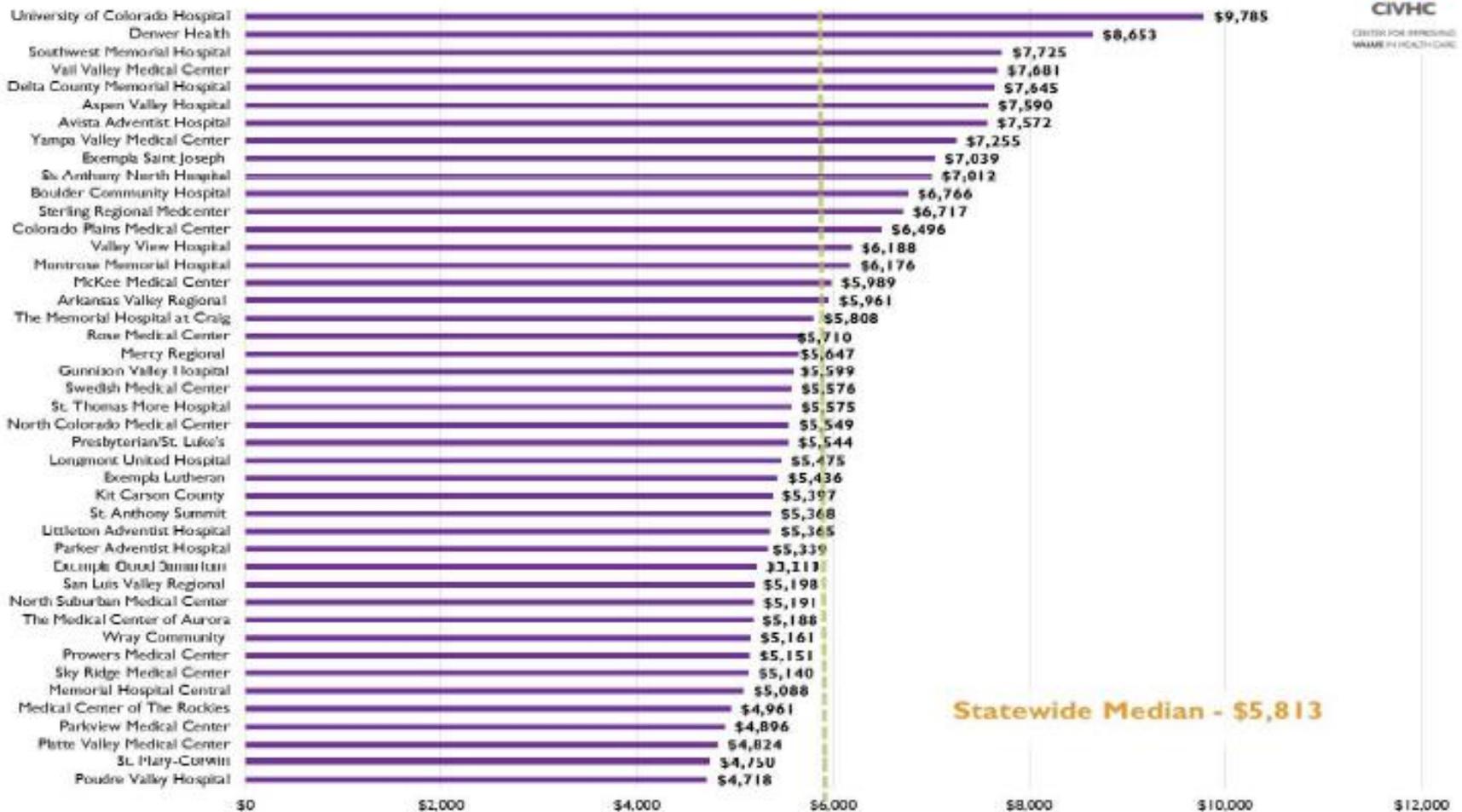


Commercially Insured Median Cesarean Birth Costs; 2012 CO APCD



PROVIDER EPISODE OF CARE COST VARIATION EXAMPLE: CENTER FOR IMPROVING VALUE IN HEALTH CARE (CIVHC) (CONTINUED)

Medicaid Median Cesarean Birth Costs: 2012 CO APCD Data



PROVIDER EPISODE OF CARE QUALITY VARIATION EXAMPLE: CENTER FOR IMPROVING VALUE IN HEALTH CARE (CIVHC)

Coming Soon

Example

My Selections

Change

- Service (Select): **Knee Arthroscopy** ←
- Location (Select): **Within 10 miles of 80129**
- Health Insurance (Select): **Aetna** ←



Facility Name	Distance	Estimated Price	Quality	
		Total Price <small>(median plan/patient paid amt)</small>	Patient Experience	5-Star Hospital Ranking
Named Hospital A	1.5 m	\$15,000	★★★★★	★★★★★
Named Hospital B	2.5 m	\$17,000	★★★★★	★★★★★
Ambulatory Surgery Center A	2.8 m	\$22,000	★★★★★	★★★★★
Ambulatory Surgery Center B	10 m	\$11,000	★★★★★	★★★★★

- CIVHC is working on a “Shop for Care” feature for consumers
- Shop for Care will combine price and quality information for common services across select facilities in Colorado
- It will be an interactive feature available on the CIVHC website by the end of 2018

PROVIDER PATIENT EXPERIENCE VARIATION EXAMPLE: GET BETTER MAINE

- Get Better Maine is a website administered by the Healthcare Purchaser Alliance of Maine (Alliance), a non-profit organization with more than 50 members
- The Alliance measures and reports health care value to assist employers and their employees in purchasing higher quality, more affordable health care. Reports compare hospitals, ambulatory providers, including adult/pediatric providers, behavioral health providers, and specialty providers (e.g., Ob/Gyn, oncology) and practice groups:
 - Providers are rated on select clinical effectiveness of care (e.g., NCQA recognition for diabetes care), patient experience, and safety, and cost domains
 - Hospitals are rated on maternity care, patient experience and safety
- Data sources: Vary by provider type and measures, for example, the Alliance developed its own Medication Safety Survey for hospitals. Other data sources include: Leapfrog Hospital Safety Survey; Consumer Assessment of Healthcare Providers and Systems (CAHPS) and Hospital CAHPS; reports from Bridges to Excellence (BTE) that show providers/practices that have received recognition in specific condition categories (e.g., diabetes, hypertension) from either BTE or NCQA; Maine's APCD for Total Cost Index measure (currently includes commercial insurance claims only); provider/practice reporting directly to the Alliance

PROVIDER PATIENT EXPERIENCE VARIATION EXAMPLE: GET BETTER MAINE (CONTINUED)

See how your selected Hospitals compare for Quality ratings:

Low | **Good** | **Better** | **Best**

> Where do these ratings come from?

Hospital ratings for your selected hospitals
(Last updated on Mon, 10/02/2017 - 14:17)

Mercy Hospital of Portland

144 State Street
Portland, ME 04101

> See Rating Detail and Hospital Info

Maine Medical Center

22 Bramhall Street
Portland, ME 04102

> See Rating Detail and Hospital Info

How Patients Have Rated Their Experience

What This Rating Means

Better

Good

- Data source: HCAHPS
- Ratings based on 3 benchmarks: 1) national average; 2) state average; 3) best practice or top 10% of all hospitals nationally.
- Ratings are assigned as follows:
 - Low: Below all benchmarks
 - Good: Equal to or above 1 benchmark
 - Better: Equal to or above 2 of the 3 benchmarks
 - Best: Equal to or above all 3 benchmarks

FEEDBACK TO THE SECRETARY

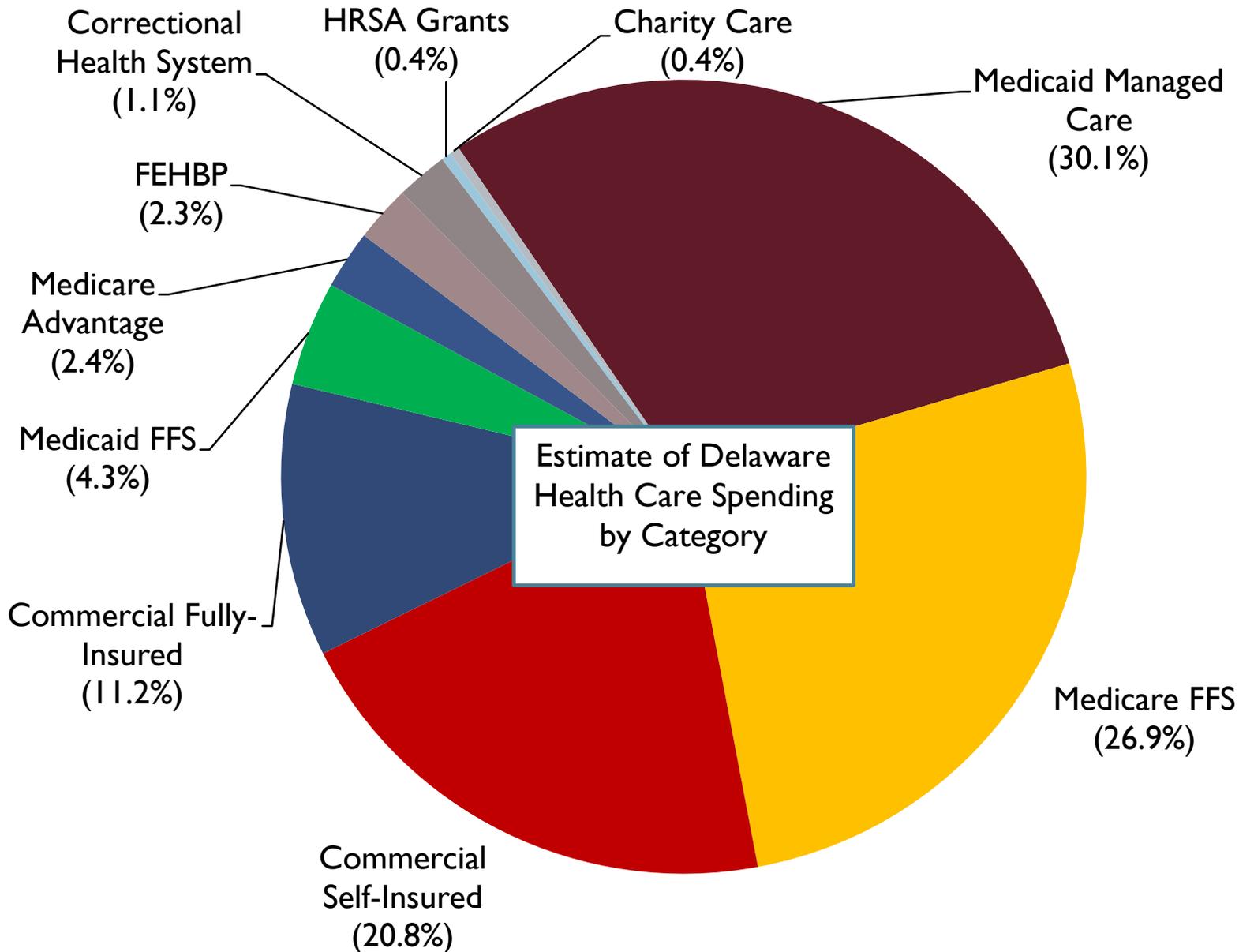
- Now that you've seen examples of ways in which variation in cost and quality are reported, please consider these questions.
 1. Would information like that reported in other states be an asset to efforts in Delaware to improve health system performance?
 - If so, why?
 2. What type of publicly reported information would best support performance improvement in Delaware?
 - Who would use it, and why?
 3. Should the highest priority be placed on reporting quality, utilization, cost or other data (e.g., patient experience)?
 4. Should the highest priority be placed on reporting by geography, provider or payer?
 5. What steps would you recommend be taken to develop the functionality to analyze and report on variation in health care delivery and costs in Delaware?



FOLLOW-UP ITEMS

HEALTH CARE SPENDING BY CATEGORY

- To better understand what categories of spending should be included in the benchmark, the Advisory Group asked for an analysis on health care spending across Delaware.
- An analysis was performed and data were collected from a variety of sources. Some data were estimated using the best available information, others were available through publicly available sources, such as the Division of Insurance filings, or through HRSA.
- The following pie chart represents an estimate for the purposes of informing the Advisory Group.



Estimate for Advisory Group use only; see prior slide for sources

NON-DELAWARE RESIDING STATE EMPLOYEES

- When discussing which populations to include in the health care spending benchmark, there was discussion about the approximately 10% of active Delaware state employees who do not reside in the state, and whether to capture their spending.
- Massachusetts limits the populations included to be Massachusetts residents, regardless of whether they are employed in the state or not.
- Health insurers did not respond with information regarding the feasibility of collecting such data, but two did respond with their preference to not include non-Delaware residents in the calculation of the benchmark for simplicity.
- One insurer also recommended restricting the measure to health care spending with Delaware providers.



ADVISORY GROUP REPORT

ADVISORY GROUP REPORT

- In advance of this meeting, you received a draft of the Advisory Group's report to the Secretary. The draft report is a collection of the feedback and advice on the benchmarks collected during the meetings of the Advisory Group (4) and its subcommittees (3).
- A final draft will be provided to you on June 13, 2018. It will include a summary of today's proceedings. At that point, we'll ask for any feedback you have in writing and will work to incorporate the feedback before the report is finalized and submitted to the Secretary.
- Secretary Walker will provide instructions via email on how to submit written comments and the due date. Please provide any written comments to ourhealthDE@state.de.us by June 18, 2018.



PUBLIC COMMENT



WRAP-UP, APPRECIATION AND NEXT STEPS

NEXT STEPS

- Following the submission of the report summarizing the work of the Advisory Group, the Secretary will take additional steps to devise a benchmark implementation plan that will be informed by the Advisory Group's work.
- In addition, the Secretary will review the Advisory Group report and implementation planning steps with legislative leadership.
- It is the Governor's intent that the benchmarks will be implemented starting 1-1-19.
- While the work of the Advisory Group ends today, the Secretary will continue to seek public input through multiple channels.